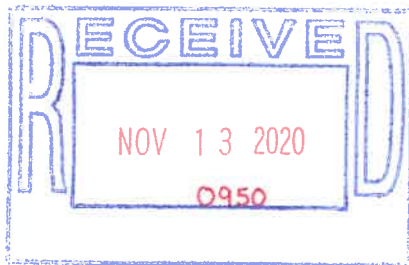


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Carla Shawntrel Miles

**3. Address** (include post office box or street, city, state, zip code)

918 NE 18th Street.  
Gainesville, FL.  
32641

**4. Telephone**

(352) 519-2980

**5. E-mail address**

Shawntrellewis@comcast.net

**6. Office sought** (include district, circuit, group number)

Gainesville City Commission District One

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Jocelyn Peskin

**11. Mailing Address**

4634 NW 4th Ct

**12. Telephone**

(352) 339-4547

**13. City**

Gainesville

**14. County**

Alachua

**15. State**

FL

**16. Zip Code**

32606

**17. E-mail address**

jocelynpeskin@hotmail.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Alliance Credit Union

**20. Address**

4280 NW 16th Blvd

**21. City**

Gainesville

**22. County**

Alachua

**23. State**

FL

**24. Zip Code**

32605

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

11-13-20

**26. Signature of Candidate**

X [Signature]

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Jocelyn Peskin, do hereby accept the appointment

(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

11/13/20

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer